

# REGION VIII AGING SERVICES

**Mark Jesser, Regional Aging Services Program Administrator**

Serving: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark Counties

## Spring 2005

### INSIDE THIS ISSUE:

**Page 2-3...** Medicare Part D

**Page 4...** Older Workers

**Page 5-6...** ND Family Caregiver Support Prog.

**Page 7-10...** OAA Month and Title III Programs

**Page 10...** Coming Events

**Page 11...** Telephone Numbers to Know

### AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, coworker, at your Senior Center, post on a bulletin board, etc... If you wish not to be on the mailing list for the newsletter, please contact **Mark Jesser** at **227-7557**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Badlands Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Badlands Human Service Center** is an equal opportunity employer.



### MISSION STATEMENT:

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.



**Medicare Prescription Drug Benefit Update - Bill Lardy, ND Insurance Department**

This year, people with Medicare will have the opportunity to enroll in the new Medicare prescription drug benefit. **Every one with a Medicare card is eligible to join this new Medicare Prescription Drug Benefit.** The Medicare drug program is voluntary. Some people with Medicare will have to pay a monthly premium for the benefit as well as deductibles and co-payments. People with limited income and resources may receive help to reduce premiums, deductibles and co-payments. In any case, ***most people can expect to save money on their medicine if they enroll.***

This article is a brief introduction to the prescription drug benefit. More information will soon come from Medicare, Social Security and other sources. There is another article in this newsletter (opposite page) related to the low-income subsidy which gives more details about additional help for people with limited income and resources.

**The program is called Medicare Part D**

- It is voluntary
- Medicare prescription drug plans provide insurance coverage for prescription drugs
- Medicare prescription drug coverage helps pay for brand name and generic drugs
- Any one on Medicare can enroll in the program beginning November 15, 2005
- There is a monthly premium to join a plan, estimated to be \$37/month in 2006, unless you are eligible for additional help
- The patient will pay a share of the cost of prescriptions in addition to the monthly premium. The actual amount will vary depending on the drug plan.
- People with limited incomes and resources may be eligible for additional help (see the article titled "LOW-INCOME SUBSIDY" on page 3 of this newsletter)
- Plans will be available this fall
- You will be able to choose from at least 2 plans
- If you want to stay with your local pharmacy, choose a plan it will accept
- If you currently have drug coverage from an employer or union plan you will receive notice from the plan telling you if the coverage you have is as good as or better than the Medicare plan, or not as good as the Medicare plan. That notice will tell you of the choices available to you
- Even if you don't use a lot of prescription drugs you should consider enrolling in a Medicare prescription drug plan, as you may need prescriptions later. A later enrollment may mean you will pay a higher premium.

**This is a very brief introduction to the new Medicare Prescription Drug Benefit but it should start you to think about this new benefit. It is an important addition to Medicare and most people will find it will be very helpful. Please call Senior Health Insurance Counseling in the North Dakota Insurance Department if you have questions at 1-888-575-6611.**

**Social Security Administration reports on Medicare Part D Benefits:**

Recently, Congress passed the Medicare Modernization Act. Part of this legislation provides for a new prescription drug benefit (commonly referred to as Medicare Part D) to be available beginning with January 1st, 2006.

In passing this legislation, Congress realized that certain individuals may need some financial help in paying this benefit. The Social Security Administration (SSA) has been tasked by Congress to take and process applications for this help.

Because this help is vital to so many people, SSA has made the decision to begin this process well in advance of January 1st, 2006 implementation date. Beginning May 25, 2005, SSA will start mailing information to approximately 19 million individuals who may possibly be eligible to receive financial help for this benefit. The mailings will be done on a flow basis and will be based on the last 4 digits of your Social Security Number (not postal zip codes). That means that people living in the same zip code, town, or even address may receive this information at different times. The mailings will continue through August 2005.

The information people will receive from SSA will be in plain, white, 6x9" envelope. The mailing will contain a cover letter from the Commissioner of SSA and an application for help titled "Application for Help with Medicare Prescription Drug Costs". The mailing also includes a postage free return envelope. SSA will use this application to determine if you are eligible for extra financial help to pay for the annual deductible, premiums and any co-payments for the new Medicare Prescription Drug benefit (Medicare Part D). Individuals who receive this information should complete this application and mail it back to Social Security in the provided postage-paid envelope.

It is important to note that this application will not enroll you in the new prescription drug benefit (Medicare Part D). More details about that will come in the future. For more information, contact:

Howard I. Kossover  
Public Affairs Specialist Office  
Social Security Administration  
124 North 6 Street  
Grand Forks ND 58203

Cellular phone: 701-740-0438  
Phone: 701-772-5518 ext. 200  
Email: <mailto:howard.kossover@ssa.gov>

## Experience Works Searches for North Dakota's 2005 Outstanding Older Worker

Bismarck, North Dakota — Experience Works, the country's largest provider of mature-worker training and employment, is searching for North Dakota's outstanding older worker. For the eighth year, outstanding older workers from every state, the District of Columbia, and Puerto Rico, will be honored in Washington, D.C., and in their home states. Experience Works<sup>SM</sup> Prime Time Awards Program was created to highlight the valuable contributions that older workers are making in their communities and places of work.

North Dakota Experience Works is currently soliciting nominations from businesses and individuals. Applicants must be 65 years of age or older, a resident of North Dakota, currently employed, and working at least 20 hours each week for pay. The honoree must be willing and able to travel to Washington, D.C., the week of September 26, for the Experience Works Prime Time Awards Program events. The visit will include meetings with congressional representatives, a tour of the city's landmarks, and the awards banquet and ceremony. Applicants who are part of a subsidized employment program funded by the local, state or national government are not eligible for this award.

Official nomination forms may be obtained from your local Experience Works representative or Experience Works, 2204 East Broadway, Bismarck, ND, (phone) 701-258-8879. A nomination form can also be accessed online at [www.experienceworks.org](http://www.experienceworks.org). Entries may be turned in to your local Experience Works representative or mailed to Experience Works, Prime Time Awards Program Prairie Lakes Region (MN/SD/ND), 2204 East Broadway, Bismarck, North Dakota 58501-4930; faxed to 701-258-8874 or e-mailed to: [connie\\_mcbride@experienceworks.org](mailto:connie_mcbride@experienceworks.org). The deadline for nominations is May 15, 2005.

Established in 1965 as Green Thumb, Experience Works is a national, nonprofit organization that for nearly 40 years has provided training and employment services for mature workers.



### **Prescription Help Available with Together Rx Access Card**

Ten pharmaceutical companies have launched the Together Rx Access Card. Together, the participating companies offer savings on more than 275 brand-name prescription products. Eligible uninsured individuals can expect to save approximately 25-40% on prescription products.

To qualify for the Together Rx Access Card, applicants must be legal U.S. residents under age 65 and otherwise not eligible for Medicare, without public or private prescription drug coverage and with incomes of up to \$30,000 for a single person or \$60,000 for a family of four (income eligibility is adjusted for family size).

Those who qualify for the Together Rx Access Card program can enroll by calling 1-800-444-4106 or visiting [www.TogetherRxAccess.com](http://www.TogetherRxAccess.com). The card will be effective mid-February, 2005. Enrollment forms and information also will be available through participating pharmacies and in physicians' offices. **You may also contact Prescription Connection for North Dakota at 1-888-575-6611 for more information.**

# ND Family Caregiver Support Program

## Caregiver Stress and Elder Abuse

Article submitted by Michelle Sletvold- NDFCSP Coordinator, Region VIII

As I become more and more familiar with my position, one of the most beneficial aspects of my responsibilities is meeting with caregivers in their homes to see first hand what each caregiver is coping with on a daily basis. Last month, I went into the home of a caregiver to complete the annual reassessment. Unfortunately the care recipients Alzheimer's Disease had progressed and he was exhibiting signs of verbal abuse toward unfamiliar faces as well as his wife and respite providers. I was most impressed with the caregiver's patience.

As I sat there and visited with her I noticed how irritated he was at me for being there and she stayed calm, cool, and collected throughout my stay. But how much verbal abuse can she put up with and how long will her tolerance stay intact? His condition is getting worse and eventually the need for placement in the nursing home is likely. Until then, she continues to provide care for him and allow respite care providers to come in and relieve her so she can "relax" and avoid burnout and reduce her stress.

Most caregivers cope effectively, but reports of abuse by stressed caregivers are increasing. This being said I would like to share some "red flags" to watch for and also what can be done to reduce the risk of abuse.

### **Red Flags for Caregiver:**

1. Fears of care recipient becoming violent
2. Suffers from low self esteem
3. Perceives that he/she is not receiving adequate help or support from others
4. Views caregiving as a burden
5. Experiences emotional and mental "burnout", anxiety or severe depression
6. Feels "caught in the middle" by providing care to children and elderly family members at the same time.
7. Has "old anger" toward the care recipient that can be traced back to their relationship in the past.

### **Red Flags for the Care Receiver:**

1. Is aggressive or combative
2. Is verbally abusive
3. Exhibits disturbing behaviors such as sexual "acting out" or embarrassing public displays

Reducing the risk of elder abuse by caregivers or against caregivers will require efforts of caregivers, agencies and the community.

This is what can be done:

### **Caregivers can:**

1. Get help. Making use of social and support services, including support groups, respite care, home delivered meals, adult day care and assessment services, can reduce the stress associated with abuse.
2. Learn to recognize their "triggers", those factors that cause them the greatest stress or anxiety.
3. Learn to recognize and understand the causes of difficult behaviors and techniques for handling them more effectively.

4. Develop relationships with other caregivers. Caregivers with strong emotional support from other caregivers are less likely to report stress or to fear that they will become abusive.
5. Get healthy. Exercise, relaxation, good nutrition and adequate rest have been shown to reduce stress and help caregivers cope.
6. Hire helpers. Attendants, chore workers, homemakers, or personal care attendants can provide assistance with most daily activities. Caregivers who cannot afford to hire helpers may qualify for public assistance.
7. Plan for the future. Careful planning can relieve stress by reducing uncertainty, preserving resources and preventing crisis. A variety of instruments exist to help plan for the future including powers of attorney, advanced directives for health care, trusts and wills.

**Agencies can:**

1. Carefully screen caregivers and patients for the risk factors associated with caregiver abuse.
2. Provide caregivers with information and support to lower their risk.
3. Provide instruction to caregivers (through materials, classes, websites or support groups) in conflict resolution and how to deal with difficult behavior such as violence, combativeness and verbal abuse.
4. Promote better coordination between agencies that offer protection to victims and those that offer services to caregivers. This can be achieved through cross-disciplinary training, interagency protocols and multi-disciplinary teams.

**We, as concerned citizens can:**

1. Lend a hand to a caregiver who needs help.
2. Report abuse. In most communities, Adult Protective Services is the agency that accepts and investigates reports.
3. Advocate for public policy to increase the supply and scope of services available to caregivers.
4. Volunteers can make friendly visits, serve as guardians or bill payers, or provide respite care.
5. Arrange to have speakers make presentations on caregiving at churches, clubs or civic organizations.

If you are a caregiver caring for a loved one 60 years of age and older or a Grandparent/Relative raising grandchildren, the ND Family Caregiver Support Program may be able to help. Services include: Respite Care, Caregiver Training, Counseling, Caregiver Support Groups, and Information and Assistance.

**The ND Family Caregiver Support Program is available statewide - see page 11 of this issue for the Coordinator in your region.**

Information for this article was provided by Institute on Aging for the National Center on Elder Abuse.



**The National Family Caregiver Support Program for Region VIII has a monthly support group that meets regularly on the last Tuesday of every month at 2:00pm @ the Evergreen of Dickinson. The group was developed specifically for those individuals who are caring for their loved one and would like to meet with others as they share their personal experiences and support each other in their role as caregiver. For more information call Michelle Sletvold at 227-7582, Darla Baranko at 483-6606 or Betty Gianunzio at St. Joseph's Hospital.**

## May is Older American's Month



***Americans are living longer. This phenomenon of longevity carries the responsibility of making daily choices over a lifetime to keep active and healthy, to earn, save, and invest wisely, to commit to work or activities that are satisfying and ennobling, to form and sustain lasting ties with family and friends, to fulfill spiritual needs. The Older Americans Act still provides a framework for a partnership among the different levels of government and the public and private sectors with a common objective — improve the quality of life for all older Americans by helping them to remain independent and productive. As with all systems, there will be changes to accommodate the evolving nature of the world in which we live. But for now and in the near future, the Older Americans Act is the foundation.***

### **Title III of the Older Americans Act** **Grants for State and Community Programs on Aging**

When President Johnson signed the bill creating the Older Americans Act (OAA) on July 14, 1965, he said: "The Older Americans Act clearly affirms our Nation's sense of responsibility toward the well-being of all of our older citizens. But even more, the results of this act will help us to expand our opportunities for enriching the lives of our citizens in this country, now and in the years to come."

Created during a time of rising societal concerns for the poor and disadvantaged, the OAA set forth a broad set of objectives which are as relevant today as they were over three decades ago. The OAA has been reauthorized 14 times since 1965.

The largest program under the OAA, this title lays out responsibilities and requirements for State and Area Agencies on Aging. In North Dakota, the Department of Human Services, Aging Services Division carries out the responsibilities of both the State and Area Agency. It is through the programs and structures established by this title that most of the money is authorized and most of the legislative detail is found.

The purpose of this title is to encourage and assist the State/Area Agency on Aging to foster the development and implementation of comprehensive and coordinated systems to serve older individuals. This part sets forth authorization levels and details the formula by which AoA funds are allotted to states. For the most part this formula is based on the number of people aged 60+ in each state.



### Services

**Access services:** transportation, outreach, I&A and case management.

**In-home services:** homemaker, home health aide, visiting and telephone reassurance, chore and supportive services for families of older individuals with Alzheimer's disease and other related disorders.

**Legal assistance:** financial, insurance and tax counseling, representation in guardianship proceedings.

For a state to participate under Title III, the governor must designate a state agency as the sole agency to put forth a plan for developing and implementing a statewide aging program. This multi-year plan (2, 3, or 4 years) represents a "legal contract" between the state and the federal government for carrying out the programs authorized under the OAA. Like its counterpart at the federal level, the state agency is responsible for serving as an effective and visible advocate for the elderly.

And it must provide assurances that preference will be given to providing services to older individuals with the greatest economic and social need, with particular attention to low-income minority older individuals and older individuals residing in rural areas.

The State/Area Agency is responsible for assessing the needs of older persons within their respective Planning and Service Area (PSA). The State/Area Agency is required to provide assurances that an adequate proportion of funds allocated to the PSA under Title III-B will be expended for the delivery of each of the following categories of services: access, in-home and legal assistance. The Area Agency must establish an advisory council consisting of older persons (including older minority individuals) who are participants or who are eligible to participate in OAA programs to advise the agency on area plan development, administration and operation.

### Part B - Supportive Services and Senior Centers

The justification for the genesis and subsequent evolution of the aging network rests in the belief that there were gaps in the provision of social services for the elderly. The Older Americans Act, and more specifically Title III, is the only federal supportive services program directed solely toward improving the lives of older people. Under current law, all service providers funded under part B must follow priorities established by the State/Area Agency for serving the rural elderly, those with greatest economic and social need including specific objectives for low-income minority older persons. By and large, the list of supportive services funded under Title III has remained fairly constant over the years.

### Supportive Services

- Health (including mental health)
  - Transportation
- Information and assistance
  - Housing
  - Long-term care
  - Legal assistance
- Services to encourage employment of older workers
  - Crime prevention



**Part C - Congregate and Home Delivered Nutrition Services**

Millions of older adults are malnourished. Adequate nutrition is necessary to maintain cognitive and physical functioning, to reduce or delay chronic disease and disease-related disability, and to sustain a good quality of life. The OAA provides for the establishment and operation of nutrition projects both in a congregate setting and for homebound individuals. All meals must meet the requirements for the one-third daily-recommended dietary allowances. But the nutrition program is more than a meal. It provides nutrition education, counseling and screening, and often is the gateway to many other services.

The law provides that the programs serve at least one hot, cold, frozen, dried, canned or supplemental food meal per day, five or more days a week except in a rural area where such frequency is not feasible. Congregate meals are served in senior centers, schools, churches and other community settings. For many older persons the meal provides not only an opportunity for socialization, but also the only meal that person may have that day.

**Part D - Disease Prevention and Health Promotion Services**

According to the World Health Organization, health promotion is the process of enabling people to increase control over, and to improve their health.

Disease Prevention and Health Promotion Services
<ul style="list-style-type: none"> <li>• Health risk assessments</li> <li>• Routine health screening</li> <li>• Nutritional counseling and education</li> <li>• Health promotion programs</li> <li>• Exercise and fitness programs</li> <li>• Home injury control services</li> <li>• Screening for prevention of depression</li> <li>• Medication management education</li> <li>• Information concerning diagnosis, prevention, treatment and rehabilitation of age-related diseases and conditions</li> <li>• Gerontological counseling</li> <li>• Counseling regarding Social Services</li> </ul>



Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences once established. Under this part, the State Unit on Aging (SUA) is required to provide disease prevention and health promotion services and information at senior centers, meal sites and other appropriate locations. They must give priority, in carrying out this part, to areas of the State which are medically underserved and in which there are a large number of older individuals who have the greatest economic need for such services.

**Part E - National Family Caregiver Support Program**

The enactment of the Older Americans Act Amendments of 2000 (Public Law 106-501) established an important new program, the National Family Caregiver Support Program (NFCSP).

Eligible Population
<ul style="list-style-type: none"> <li>• Family caregivers of older adults;</li> <li>• Grandparents and relative caregivers of children not more than 18 years of age (including grandparents who are sole caregivers of grandchildren and those individuals who are affected by mental retardation or who have developmental disabilities).</li> </ul>



The program was modeled after several successful state long term care programs and after listening to the needs expressed by hundreds of family caregivers in discussions held across the country.

The NFCSP calls for all states, working in partnership with area agencies on aging and local community-service providers to have five basic services for family caregivers:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to supportive services;
- Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Funds are allocated to states through a congressionally mandated formula that is based on a proportionate share of the 70+ population. The statute requires states to give priority consideration to: 1) persons in greatest social and economic need (with particular attention to low-income individuals); and 2) older individuals providing care and support to persons with mental retardation and related developmental disabilities.



## ***Mark Your Calendars!***

### **June 6th, 2005**

**Region VIII Council on Aging meeting at Villard Terrace in Dickinson starting at 10:00am. Open to the public. There will be no meeting of the Council in the month of July!**

### **August 1, 2005**

**Region VIII Council on Aging meeting. Stay tuned for information on location. Meetings are open to the public.**

### **October 23-26, 2005**

**White House Conference on Aging  
Washington, DC**

**Legal Services of North Dakota provides outreach services in Dickinson on the last Tuesday of the month at the Sunset Senior Center from 1-4p.m. and Badlands Human Service Center from 9a.m.-noon. Please call Legal Services office to schedule an appointment.**

# Telephone Numbers to Know

## Regional Aging Services Program Administrators

**Region I** - Karen Quick  
1-800-231-7724  
**Region II** - MariDon Sorum  
1-888-470-6968  
**Region III** - Donna Olson  
1-888-607-8610  
**Region IV** - Patricia Soli  
1-888-256-6742  
**Region V** - Sandy Arends  
1-888-342-4900  
**Region VI** - Russ Sunderland  
1-800-260-1310  
**Region VII** - Cherry Schmidt  
1-888-328-2662 (local 328-8787)  
**Region VIII** - Mark Jesser  
1-888-227-7525

## Vulnerable Adult Protective Services

**Region I & II** – Niels Anderson, Vulnerable Adult Protective Services - 1-888-470-6968  
**Region III** – Ava Boknecht, Vulnerable Adult Protective Services, 1-888-607-8610  
**Region IV** - Vulnerable Adult Protective Services - Message Line 701-795-3176  
**Region V** - Vulnerable Adult Protective Services, Sandy Arends - 1-888-342-4900. Direct referral may be made to Cass County Adult Protective Services unit - 701-241-5747.  
**Region VI** - Russ Sunderland, Vulnerable Adult Protective Services - 701-253-6344  
**Region VII** - Cherry Schmidt or Cherie Denning, Vulnerable Adult Protective Services - 1-888-328-2662 or 701-328-8888  
**Region VIII** - Mark Jesser, Vulnerable Adult Protective Services - 1-888-227-7525

## ND Family Caregiver Coordinators

**Region I** - Karen Quick - 800-231-7724  
**Region II** –Theresa Flagstad - 888-470-6968  
**Region III** - Kim Locker-Helten - 888-607-8610  
**Region IV** - Raeann Johnson - 888-256-6742  
**Region V** - Lesli Ossenfort - 888-342-4900  
**Region VI**-CarrieThompson-Widmer -800-260-1310  
**Region VII** - Judy Tschider - 888-328-2662  
**Region VIII** - Michelle Sletvold- 888-227-7525

## Other

Aging Services Division and Senior Info Line:  
1-800-451-8693

AARP: 1-888-OUR-AARP (1-888-687-2277)

ND Mental Health Association (Local) 701-255-3692/ Help-Line: 1-800-472-2911

IPAT (Assistive Technology): 1-800-265-4728

Legal Services of North Dakota:  
1-800-634-5263 or 1-866-621-9886 (age 60+)

Attorney General's Office of Consumer Protection: 701-328-3404 or 1-800-472-2600

Social Security Administration: 1-800-772-1213

Medicare: 1-800-633-4227

Senior Health Insurance Counseling (SHIC) ND Insurance Department: 701-328-2440

Prescription Connection: 1-888-575-6611

**Long-Term Care Ombudsman Services**  
**State Ombudsman:** Helen Funk-800-451-8693

**Region I & II-** Niels Anderson-1-888-470-6968

**Region III & VI-** Kim Locker-Helten or Donna Olson - 1-888-607-8610 or 701-665-2200

**Region V & VI-** Bryan Fredrickson -1-888-342-4900

**Region VII-** Helen Funk-1-800-451-8693

**Region VIII-** Mark Jesser-1-888-227-7525

## May is Older American's Month



The theme for 2005 is "Celebrate Long-Term Living".

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